

Invoice No. 7234

**30-MINUTE SMOG**

**TEST & REPAIR**

1234 Broadway, Anytown, CA 90000  
916/123-1234

BAR # AA556545   Toxic Waste # CAL-000-099-999

Date **3/1/08**

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Date **3/1/08**

Customer Name	Home Phone #	Work Phone #
<b>Bob Williams</b>	<b>123-4567</b>	<b>123-0000</b>
Address	License #	Odometer
<b>118 Big Bear Circle</b>	<b>900YKY</b>	<b>75,001</b>
City	Vehicle Information	
<b>Anytown, CA 90000</b>	<b>1998 Anaconda LX</b> <b>VIN# 1234561991</b>	

[illegible]

**Technicians are required to document the failure by writing or stamping one of the following statements on the customer's invoice:**

**"Failed For Visible Smoke"**  
**or**  
**"Failed Visible Smoke Test"**

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**SAMPLE**

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Original Estimate <b>\$58.25</b> Authorized By <b>BOB Williams</b>	Certificate Fee	\$8.25
Date _____ Time _____ Phone _____ Save Parts _____	Subtotal Labor	
Revised Estimate _____ Reason _____ Additional Cost _____	Subtotal Parts	
Authorized By _____ Time _____ Date _____ Phone _____	Sales Tax	
2nd Revision _____ Reason _____ Additional Cost _____	Total	\$50.00
Authorized By _____ Time _____ Date _____ Phone _____		

**Notice:** YOU MAY CHOOSE ANOTHER SMOG CHECK STATION TO PERFORM THE NEEDED REPAIRS, INSTALLATIONS, ADJUSTMENTS, OR SUBSEQUENT TESTS.

**TEARDOWN ESTIMATE:** I UNDERSTAND THAT MY VEHICLE WILL BE REASSEMBLED WITHIN \_\_\_\_\_ DAYS OF THE DATE SHOWN ABOVE IF I CHOOSE NOT TO AUTHORIZE THE SERVICES RECOMMENDED

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